



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163
241 W. LAUREL STREET • COLTON, CA 92324

**HAZARDOUS WASTE HAULER REGISTRATION # 1431
MEDICAL WASTE TRACKING DOCUMENT**

GENERATOR NAME Medowell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS 1077 Rancho CITY _____

DATE 2/22/93 TIME OF WASTE REMOVAL - GENERATOR SITE 10:00 AM TO DRIVER A. Ruiz

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND			TRACKING INFORMATION
				B	S	P	
1	1175	4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Legend - Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.</p>
2				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS _____ QTY _____
EXCHANGED @ PICKUP ☒
GENERATOR SIGNATURE MS DATE 2/22/93
WEIGHMASTER SIGNATURE _____ DATE _____
T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____
(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO. **03516**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY